

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/568516**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		2		1		
5		00000000		1		
6		00000000		1		
7		00000000		1		
8		00000000		1		
9		00000000		1		
10		00000000		1		
11		00000000		1		
12		00000000		1		
13		00000000		1		
14		00000000		1		
15		00000000		1		
16		00000000		1		
17		00000000		1		
18		00000000		1		
19		00000000		1		
20		00000000		1		
21		00000000		1		
22	1		1			
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31	1		1			
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36		1		1		
37	1		1			
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49	1		1			
50		1		1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2		2		
52		2		2		
53		00000000		1		
54		00000000		1		
55		00000000		1		
56		00000000		1		
57		00000000		1		
58		00000000		1		
59		00000000		1		
60	1		1			
61		1		1		
62		1		1		
63		1		1		
64		1		1		
65		1		1		
66		1		1		
67		1		1		
68		1		1		
69		1		1		
70		1		1		
71		1		1		
72		1		1		
73		1		1		
74		1		1		
75		1		1		
76		1		1		
77		1		1		
78		1		1		
79		1		1		
80		1		1		
81		1		1		
82		1		1		
83		1		1		
84		1		1		
85		1		1		
86		1		1		
87		1		1		
88		1		1		
89		1		1		
90		1		1		
91		1		1		
92		1		1		
93		1		1		
94		1		1		
95		1		1		
96		1		1		
97		1		1		
98		1		1		
99		1		1		
100		1		1		
TOTAL IND.						
TOTAL DEP.		2		2		
TOTAL CLAIMS		23		25		

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